Nascentia HealthPLUS

TOMORROW'S HEALTHCARE TODAY

Nascentia Dual Advantage

2027 Annual Notice of Change



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Nascentia Health PLUS

TOMORROW'S HEALTHCARE TODAY

1050 West Genesee St., Syracuse, NY 13204

1-888-477-0090 (TTY 771) | nascentiahealth.org

Annual Notice of Change

September 2026

Dear Member,

Thank you for being a valued member of Nascentia Health Plus for 2026. Included in this packet is our annual notice of change (ANOC), which explains changes to benefits and coverage that will take effect on January 1, 2027.

Your Evidence of Coverage (EOC) and other member documents can be found at nascentiahealthplus.org by October 15. If you prefer a hard copy of this material, or have questions about anything else, please call us at 1-888-477-0090 (TTY 771).

Thank you again for trusting your healthcare to Nascentia Health! We're a nonprofit provider who has been based in Upstate New York since 1890, delivering healthcare to our community continuously for more than 130 years.

We look forward to serving you,

Kate Rolf

President and Chief Executive Officer

2027 Benefit Highlights

$2,700 Food, OTC, & Utilities ($225 per month) Use your benefit to buy healthy groceries like fruits, vegetables, dairy, bread, and meat; everyday health products such as cough and allergy medicines, first aid supplies, and more—available at many popular stores. You can also use it to help pay your utility bills.

$2,000 Hearing Aids for both ears annually.

$350 Vision Upgrade for frames, lenses, and contact lenses, plus yearly eye exam.

Dental Coverage for comprehensive and preventive care, 2 exams and cleanings, and annual x-rays. Covered with prior authorization.

Fitness Pass gives you access to hundreds of gyms and online health and wellness classes.

Social & Cognitive Wellness Program supports eligible chronically ill DSNP members through in-home technology that promotes social engagement, cognitive stimulation, health education, and wellness.

Nascentia Dual Advantage (DSNP) offered by Nascentia Health Plus

Annual Notice of Change for 2027

You're enrolled as a member Nascentia Dual Advantage.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Nascentia Dual Advantage.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage***.** Get a copy at www.nascentiahealthplus.org or call Member Services at 1-888-477-0090 (TTY users call 711) to get a copy by mail.

More Resources

- Our plan has people and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. This includes auxiliary aides. These services are free of charge. To get information from us in a way that works for you, please call Member Services (phone numbers are printed on the back cover of this booklet).
- Please contact our Member Services number at 1-888-477-0090 for additional information. (TTY users should call 711.) Hours are 8:00 am-8:00 pm, 7 days a week, October 1- March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system. This call is free.

About Nascentia Dual Advantage

- Nascentia Health Plus is an HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal. This information is not a complete description of benefits. For more information, call 1-888-477-0090 (TTY 711), 8 am – 8 pm, 7 days a week, from October 1-March 31 and Monday-Friday for the rest of the year. Assistance services for other languages are available, free of charge at

the number above. This information is not a complete description of benefits. Contact the plan for more information.

- When this document says “we,” “us,” or “our,” it means Nascentia Health Plus. When it says “plan” or “our plan,” it means Nascentia Dual Advantage.
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Nascentia Dual Advantage. Starting January 1, 2027, you’ll get your medical and drug coverage through Nascentia Dual Advantage**. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	$0 - $58.82	$0 - $40.45
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered A and Part B services. (Go to Section 1 for details.)	$0	$0
Primary care office visits	$0 per visit	$0 per visit
Specialist office visits	$0 per visit	$0 per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	$0 copayment for each Medicare covered hospital stay for unlimited days	$0 copayment for each Medicare covered hospital stay for unlimited days
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial	If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on	If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid,

	2026 (this year)	2027 (next year)
Coverage, and Catastrophic Coverage Stages.)	income and level of "Extra Help", you pay one of the following amounts: Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.60 copay; or $4.90 copay For all other drugs, either $0 copay; or $5.10 copay; or $12.65 copay Except for covered insulin products and most adult Part D vaccines	depending on income and level of "Extra Help", you pay one of the following amounts: Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.65 copay; or $5.00 copay For all other drugs, either $0 copay; or $5.80 copay; or $14.40 copay Except for covered insulin products and most adult Part D vaccines

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	$0 – $58.82	$0 - $40.45

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$0	$0

	2026 (this year)	2027 (next year)
Your costs for covered medical services (such as copayments **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* *www.nascentiahealthplus.org* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at *www.nascentiahealthplus.org.*
- Call Member Services at 1-888-477-0090 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-888-477-0090 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* www.nascentiahealthplus.org to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.nascentiahealthplus.org.
- Call Member Services at 1-888-477-0090 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-888-477-0090 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare and Medicaid benefits and costs.

	2026 (this year)	2027 (next year)
Diabetic Supplies & Diabetic Monitors	No Coinsurance	0% for preferred vendors. 20% for non-preferred vendors.
Meals Post Hospitalization	Up to 42 meals post discharge	Not Offered
Social and Cognitive Wellness Program	Not Offered	For members who qualify, the Social & Cognitive Wellness Program provides eligible chronically ill DSNP members with access to an in-home, technology-enabled platform that delivers structured social engagement, cognitive stimulation, and wellness programming.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the *complete* Drug List** by calling Member Services at *1-888-477-0090* (TTY users call *711*) or visiting our website at www.nascentiahealthplus.org.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at *1-888-477-0090* (TTY users call *711*) for more information.

Starting in 2027, we may immediately remove brand name drugs or original biological products on our Drug List if, we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately add new restrictions.

For example: if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at *1-888-477-0090* (TTY users call *711*) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you

about your drug costs. If you get Extra Help, call Member Services at *1-888-477-0090* (TTY users call *711*) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	**2027 (next year)**
Yearly Deductible	$0	$0

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	**2027 (next year)**
	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is $35. If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of "Extra Help", you pay one of the following amounts: Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.60 copay; or $4.90 copay For all other drugs, either $0 copay; or $5.10 copay; or $12.65 copay	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is $35. If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of "Extra Help", you pay one of the following amounts: Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.65 copay; or $5.00 copay For all other drugs, either $0 copay; or $5.80 copay; or $14.40 copay

	2026 (this year)	2027 (next year)
	Except for covered insulin products and most adult Part D vaccines.	Except for covered insulin products and most adult Part D vaccines.

SECTION 2 How to Change Plans

To stay in Nascentia Dual Advantage, you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Nascentia Dual Advantage.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Nascentia Dual Advantage. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.

- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Nascentia Dual Advantage.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll Call Member Services at 1-888-477-0090 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 6), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

  - Original Medicare *with* a separate Medicare prescription drug plan,
  - Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
  - If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
    - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** New York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the New York Department of Health's AIDS Institute. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-541-2137 or visit New York Department of Health's AIDS Institute website at https://www.health.ny.gov/diseases/aids/. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-888-477-0090 (TTY users call 711) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from Nascentia Dual Advantage

- **Call Member Services at 1-888-477-0090. (TTY users call 711.)**
- We're available for phone calls 8:00 am-8:00 pm, 7 days a week, October 1- March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Nascentia Dual Advantage. The Evidence of Coverage is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.nascentiahealthplus.org, call Member Services at 1-888-477-0090 (TTY users call 711) to ask us to mail you a copy.

  Visit www.nascentiahealthplus.org

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York State, the SHIP is called The Health Insurance Information Counseling and Assistance Program (HIICAP).

Call *The Health Insurance Information Counseling and Assistance Program (HIICAP)* to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call *The Health Insurance Information Counseling and Assistance Program (HIICAP)* at *1-800-701-0501*. Learn more about *The Health Insurance Information Counseling and Assistance Program (HIICAP)*by visiting https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call New York State Medicaid at 1-855-355-5777 TTY users 711 for help with Medicaid enrollment or benefit questions.